CITY OF BURNS 242 S. BROADWAY BURNS, OR 97720 541-573-5255

APPLICATION FOR BUSINESS LICENSE

Date		
T	_hereby make applic	cation for a business license for
The second secon	in th	ne City of Burns for the period o
(type of business) , 20_ to_		
the amount of \$ The second seco	here is also a one tim	e filing fee of \$25.00 due.
Business Name		Business Phone Number
Signature of Applicant	O CHIERDANIA MARINI MARINI MARINI MARINI	Applicant Phone Number
Business Address		Tax Map: Tax Lot: Lot(s): Zone:
Mailing Address	PPP-N SINGERIA AND AND AND AND AND AND AND AND AND AN	Will you be manufacturing products at your business location?YesNo
		_ Expires
State License No. (if required) Have you been in business before? f so, where?	Yes	No
Planning Department Approval:	Yes	No
(Signatu	ıre)	ONT CONTROL TO A TOTAL TO A CASA A ASSA.
Business License will be approved perior of the Business License will be approved by:	Yes	No
Approved By: (Signatu	ıre)	**************************************